

## PART I: Client Request for Counseling

<b>1. Client Name</b> (Name of the person completing the form/representative of the business) (Last, First, MI)		<b>2. Email</b>	
<b>3. Telephone</b> Primary _____ Secondary _____		<b>4. Fax</b>	
<b>5. Street Address/PO Box</b> (give business address if currently in business)		<b>6. City</b>	<b>7. State</b>
		<b>8. Zip</b>	<b>+4</b>
<p><b>9.</b> I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes <input type="checkbox"/> No <input type="checkbox"/>). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 3 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3<sup>rd</sup> Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.</p>			
<b>10. Preferred date &amp; time for appointment</b> Date: _____ Time: _____		<b>11. Client Signature (type name here to accept terms)</b>	
		<b>11a. Date:</b>	

## PART II: Client Intake (to be completed by all Clients)

<b>12. Race</b> (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		<b>13. Ethnicity</b> <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin	<b>14. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>15. Do you consider yourself a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Veteran Status</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		<b>16a. Military Status</b> <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty		
<b>17. What inspired you to contact us?</b> (mark all that apply) <input type="checkbox"/> SBA <input type="checkbox"/> Other Client <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Bank <input type="checkbox"/> Magazine <input type="checkbox"/> Educational Institution <input type="checkbox"/> Business Owner <input type="checkbox"/> Internet <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth				
<b>18. Is the client currently in business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 28)		<b>19. Name of Company</b>		
<b>20. Type of Business</b> (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services		<input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)		
<b>21. Business Ownership</b> – What percentage of your business is male or female ownership? _____ % Male _____ % Female		<b>22. Month &amp; Year Business Started?</b>	<b>23. Do you conduct business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>24. Is this a home based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25. Total No. of Employees</b> (full & part time)	<b>26. For your most recent full business year, what were your:</b> Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____		<b>27. What is the legal entity of your business?</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____	
<b>28. What is the nature of counseling you are seeking?</b> (Choose primary category) <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Start-up Assistance (How do I start a small business?)  <input type="checkbox"/> Business Plan  <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital)  <input type="checkbox"/> Managing a Business         </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Human Resources/Managing Employees  <input type="checkbox"/> Customer Relations  <input type="checkbox"/> Business Accounting/Budget  <input type="checkbox"/> Cash Flow Management  <input type="checkbox"/> Tax Planning         </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.)  <input type="checkbox"/> Government Contracting (including certifications)  <input type="checkbox"/> Franchising  <input type="checkbox"/> Buy/Sell Business         </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Technology/Computers  <input type="checkbox"/> eCommerce (using the Internet to do business)  <input type="checkbox"/> Legal Issues (such as, Should I incorporate?)  <input type="checkbox"/> International Trade         </div> </div> Describe specific assistance requested in the space provided. _____ _____ _____				

SBA Form 641 (5/04) Previous Editions are Obsolete

Please return via email to [massachusettsdo@sba.gov](mailto:massachusettsdo@sba.gov) and include Counseling Form in the subject line. Or fax to: 617-565-5598.  
 Or mail to: U.S. Small Business Administration  
 c/o Ruth Bord  
 10 Causeway Street, Rm. 265  
 Boston, MA 02222